

# PLEDGE FORM

## Holocaust Survivor Reparation Fee Waiver

On behalf of the below stated financial institution, I pledge to waive wire transfer and other fees associated with processing Holocaust reparation and restitution payments.

Name of Financial Institution: Charter One Bank

Concurrence Certified by:

Kim Biehler  
Print Name and Title

[Signature]  
Signature

2/4/08  
Date

Director of IL Operations, VP

NOTE: A senior officer with requisite authority to sign on behalf of the institution must sign the concurrence.

Please submit Pledge Form by mail to:

Laura Oakleaf  
Senior Policy Advisor  
Illinois State Treasurer Alexi Giannoulias' Office  
James R. Thompson Center  
100 W. Randolph St., Suite 15-600  
Chicago, IL 60601